March 30, 2007

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **STATUS REPORT ON THE NOVEMBER 30, 2004, BOARD MOTION ON THE INTEGRATED SYSTEM**

On November 30, 2004, your Board adopted a motion directing the Department of Mental Health (DMH) to, among other things, develop a prioritized list of enhancements and modifications to the Integrated System (IS) which are designed to improve ease of use, provider workflow, claiming success, and information access and management.

We have completed our first quarter under IS 2.0, and we are confident Change Request (CR) 48 is the most important action DMH has taken to improve its relationship with our provider community since the IS was deployed to SD/MC providers in February 2004. IS 2.0 is simply easier to use than its predecessor. Claims are flowing normally and the Department has accepted IS 2.0.

In our last report we stated that, unless we heard otherwise from your Board, this would be the last status report on the activities following the November 30, 2004 Board motion. With the acceptance of IS 2.0, no other major changes to the IS are planned and the system will be in maintenance mode until replaced by the Integrated Behavioral Health Information System (IBHIS). The concerns cited in the November 30, 2004, motion have been addressed to the extent that they are addressable by DMH and this will be the last status report on that motion.

While still continuing to maintain and support the IS, DMH will now turn its energy and its resources to selecting and implementing the IBHIS. That will do more to improve DMH claims processing efficiency and information flow than any additional minor adjustments to the IS.

Cash Flow Advance (CFA) Status

1. DMH's CFA period for this fiscal year ended in November 2006, as specified in current provider contract boilerplate language.

"To Enrich Lives Through Effective And Caring Service"

2. The DMH Chief Information Office Bureau (CIOB) and Revenue Management Division (RMD) continue to closely monitor claiming performance under IS 2.0 and are prepared to offer timely support to any provider experiencing difficulty with the transition to IS 2.0.

Prioritized List of Enhancements

1. The Association of Community Human Service Agencies (ACHSA) List of Priority Enhancements, Priorities for IS Corrective Actions, is provided as Attachment A.

2. The Consolidated List of Activities to Improve the IS, is provided as Attachment B.

Other Actions Occurring in Parallel with the Prioritized List of Enhancements

1. **Continue to develop, test, and implement enhancements and modifications that are of obvious value in resolving current issues:**

   - Described in Attachment B. Major enhancements to the IS have been completed, such as CR 48. Enhancements being considered or executed now are primarily aimed at reducing DMH dependence on the ISD mainframe and thus reducing DMH operational costs.

2. **Expedite the adjudication of claims for which the remittance advice (ANSI X.12 835 Transaction) has been received from the State:**

   - Closed Issue.

3. **Continue to operate the Production Support Centers (PSC):**

   - This item has become a routine part of CIOB operations and now a Closed Issue.

4. **Provide focused training:**

   - This item has become a routine part of CIOB operations and now a Closed Issue.

5. **Improve Communication:**

   - There are over 900 providers signed up to receive IS Alert, our method of rapidly distributing mass notification of system issues, changes in functionality, and planned down time, and the number continues to grow. IS Alert was an essential part of our communication process as DMH and our providers prepared for the transition to IS 2.0. It is also being used to distribute information about IBHIS activities of interest to the contract providers.

- The IS Issues Work Group and IS Reports Work Group meetings are well attended each month. The Electronic Data Interchange (EDI) Work Group is also well attended by providers who submit claims electronically.

- IS News Bulletins and RMD Bulletins are published frequently to ensure IS related information is communicated clearly, consistently, and in a timely manner.

- Helpdesk Expert Automation Tool (HEAT) Self-Service allows IS users in DMH directly-operated clinics to create trouble tickets requesting assistance via the DMH intranet. We anticipated this functionality would be extended to users at DMH contract provider sites via the Internet by July 2006, but an unfortunate confluence of County security policy, which we see as correct, and the HEAT product architecture make it technically impossible. At this point DMH has gone as far as it can with the implementation of HEAT Self-Service. It is possible that a later release of the HEAT product might address the architectural issue that prevents deployment of HEAT Self-Service; we are monitoring the product development plans closely and will revisit this issue if the product changes in a way that makes it possible to deploy HEAT Self-Service to contract providers.

6. **Update Documentation and Training Materials:**

   - This item is complete and is now a Closed Issue.

7. **Pilot an Internet Accessible IS Issues List that provides users with a complete list of issues and their status:**

   - Closed Issue.

8. **Status of Medi-Cal Claims:**

   - Sierra Systems Group (SSG) is current with receiving 835 remittance advice files from the State and posting them in the IS.

   - County and State continue to pursue an agreement to accept and reimburse claims on a partial reimbursement. The State Department of Health Services (SDHS) has agreed to accept Los Angeles (LA) County DMH claims beyond six (6) months from date of service without a late code in a separate batch file so that they can be time stamped in the event an agreement on partial payments is reached. LA County DMH began sending these claims to the State in June 2006.

9. **Functionality of the State's and County's Information Systems:**

- IS 2.0 is much more efficient than the original release of the IS and significantly reduces the time it takes to enter and submit claims.

- As of March 30, 2007, there were only 27 trouble tickets open for IS issues. The number of open IS-related trouble tickets has remained low since the deployment of IS 2.0.

- There are currently 21 Short-Doyle Medi-Cal Legal Entities and 69 Fee-For-Services (FFS) submitters who are certified to submit HIPAA compliant transactions electronically in the production IS 2.0 environment.

- Accordis, the DHS claims processing clearinghouse vendor, is now submitting HIPAA compliant EDI claims for Harbor-UCLA Medical Center, Olive View Medical Center and LAC+USC Medical Center.

If you have any questions, please contact me at (213) 738-4601, or your staff may call Robert Greenless, Ph.D. at (213) 251-6481.

MJS:RG

Attachments

c: Chief Administrative Officer
    Executive Officer, Board of Supervisors
    Chair, Information Systems Commission
    Chief Information Officer

**Association of Community Human Service Agencies (ACHSA)
Priorities for Integrated System (IS) Corrective Actions – 3/30/07**

Improved Reports and Status

All reports identified by ACHSA were either improved or created. The IS Reports Committee continues to meet on a monthly basis and makes recommendations on new reports and modifications to existing reports under IS 2.0. A detailed list of new and modified reports is available upon request.

Immediate Access to State Data

As of March 30, 2007, 112 of 175 legal entities take advantage of the Secure File Transfer Protocol (SFTP) site that provides agencies electronic access to IS units of service data by Legal Entity. The Chief Information Office Bureau (CIOB) continues to advise contract providers to take advantage of this most valuable resource.

Streamlined procedure for checking Medi-Cal eligibility (i.e., eligibility should be checked no more than once per month per client)

Status:

Completed. Closed issue.

Clear information on why claims have been denied

Status:

Completed. Closed issue.

Faster system with no "down times"

Status:

The simplified process for entering claims under IS 2.0 results in a net reduction in the time it takes to enter and submit claims. The user perception is that the response time between hitting the "Enter" key and the screen refreshing is not noticeably faster under IS 2.0 than it was under the original IS just prior to the transition. Response time has not decreased because there is now more going on between hitting Enter and the screen refresh. IS 2.0 checks each claim for the most common types of errors before allowing it to record as a submitted claim. This avoids having to go back and review and correct denied claims later,

which is a very time consuming process, so there is a net gain in time for the people entering claims, but the system will not seem faster because of the functionality that has been introduced to save them time overall.

DMH still receives occasional emails from users regarding session time-outs which basically means getting kicked off the system for no apparent reason. At this time there is no immediate urgency as the number of affected users is low. We will continue to monitor this situation.

Sierra Systems Group (SSG) continues to monitor IS 2.0 and, where they find bottlenecks in the new configuration, taking corrective action. This incremental tuning in this still new application should result in progressively better performance.

At the heart of IS 2.0, there is still the legacy MHMIS that requires periodic downtime to perform certain functions. DMH has effectively migrated the last users off of the legacy MHMIS onto IS 2.0 so that is no longer a constraint. DMH is still assessing if whether, and when, DMH might be able to shutdown the MHMIS. If this can be done, it will reduce the processing burden on the IS 2.0 and eliminate the lag introduced by communicating between the IS 2.0 and MHMIS. One of the key steps in preparing to shut down the IS is stopping the transfer of units of service data from the IS to the MHMIS. SSG is beginning the preparatory work to shut down the units of service flow before the end of fiscal year 2006-2007. The result is expected to be improved response times on the IS 2.0 and reduced mainframe operations costs for DMH.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
CHIEF INFORMATION OFFICE BUREAU
CONSOLIDATED PRIORITIZED LIST OF ENHANCEMENTS

Priority	Type	Description	Change Request	Status	Target Deployment Date	Targeted Users
1	App	Pharmacy Refill	CR 17	Complete	3/31/05	LPC/DO
3	App	Rendering Provider Adds/Moves/Changes	CR 17	Removed		LPC/DO
3	App	Add ability to track Programs	CR 17	Removed		LPC/DO
3	App	Print forms	CR 17	Removed		LPC/DO
3	App	Downey Test and Training Environments*	CR 17	Complete	12/31/05	All
4	App	View Adjudication/Payment History	CR 18	Removed		LPC/DO
4	App	ECAPS Payment Request Report	CR 18	Removed		LPC/DO
2	App	Diagnosis Date on Updates	CR 19	Complete	5/15/05	LPC/DO
1	Report	IS040 – Add Medi-Cal Denial Reason Description	CR 19	Complete	5/22/05	LPC/DO
2	App	Client Search function	CR 20	Complete	1/31/06	FFS 2
1	Report	Issue Coordination and BI Support	CR 23	Complete	6/30/05	LPC/DO
1	Report	IS360 – Add Active filter	CR 24	Complete	5/22/05	LPC/DO
1	App	Add Find Client in Options Menu analysis	No CR	Complete	9/22/05	LPC/DO
1	App	Have the radio button search by ID and have DMH be the default analysis	No CR	Complete	9/22/05	LPC/DO
1	App	Rapid Response Pool Fund	CR 28	Exhausted Funds - New CR requested	8/31/05	All
2	App	Prior Authorization Number Validation	CR 31	Complete	5/31/05	FFS 2
1	App	Ability to open episode by User Role	CR 34	Complete	5/30/05	LPC/DO
1	App	Enhance Medicare claims process to support direct billing and manual appeals process	CR 37	Complete	7/20/05	LPDO
1	App	San Migration	CR 39	Complete	5/15/05	All

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CHIEF INFORMATION OFFICE BUREAU
CONSOLIDATED PRIORITIZED LIST OF ENHANCEMENTS

Priority	Type	Description	Change Request	Status	Target Deployment Date	Targeted Users
1	App	Modify the current FFS106 file mapping to include additional fields	CR 41	Complete	7/22/05	FFS 2
1	App	Modify IS to support maintaining multiple PPIN values for Medicare providers	CR 44	Complete	8/18/05	LPDO
1	App	Rapid Response Pool Fund	CR 45	Exhausted Funds New CR requested	12/12/05	All
1	App	Ability to modify OTAR/TAR	No CR		**7/31/07**	FFS 2
3	App	Populate the Special Programs drop down and ensure the function works	Defect	Complete	11/30/05	LPC/DO
3	App	Create new Data Warehouse to facilitate claims processing	No CR	Complete	12/31/05	All
1	App	Add the ability to view the SFPR data	No CR	Complete	12/31/05	LPC/DO
1	App	Modify the IS to automatically enroll clients in designated plans based on the value of the Medi-Cal Aid Code	CR 48	Complete	**11/27/06**	LPC/DO
1	App	Streamlined procedure for checking Medi-Cal eligibility analysis	CR 48	Complete	**11/27/06**	All
1	App	Do not allow the selection of a Plan for which the client is not enrolled analysis	CR 48	Complete	**11/27/06**	LPC/DO
1	App	Show the Plans that are included in the Claim in the User Interface analysis	CR 48	Complete	**11/27/06**	LPC/DO
1	App	Show the effective and termination dates for the Plans displayed analysis	CR 48	Complete	**11/27/06**	All
1	App	Show both DMH and Medi-Cal eligibility in the Child Window. Select update enrollment from that point analysis	CR 48	Complete	**11/27/06**	LPC/DO
1	App	Add change provider in Options Menu analysis	CR 48	Complete	**11/27/06**	LPC/DO
1	App	Re-engineer user interface to provider context analysis	CR 48	Complete	**11/27/06**	LPC/DO
1	App	Rapid Response Pool funds for Revenue Related Issues	CR 49	In progress		All

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CONSOLIDATED PRIORITIZED LIST OF ENHANCEMENTS

Priority	Type	Description	Change Request	Status	Target Deployment Date	Targeted Users
1	App	IS Data Extract to Support MHSA Outcome Measurement	CR 50	Complete	12/28/05	LPC/DO
1	App	Full Cycle Processing for FFS2 non-compliant claims	No CR	Complete	7/1/07	FFS 2
1	App	State CSI Data Reporting	CR 51	Complete	10/02/06	All
1	App	Misc. Display Enhancements	CR 52	In Progress	12/30/06	LPC/DO
1	App	UMDAP Changes	CR 53	Complete	11/30/06	LPC/DO
1	App	Reporting Additions	CR 55	Pending	12/15/06	All
1	App	Diagnosis Modifications	CR 56	Pending	2/15/07	LPC/DO
1	App	MHMIS Decoupling	CR 57	Pending	3/15/07	LPC/DO
1	Report	Special User Role Visibility	CR 58	Pending	TBD	All
1	Report	FFS Checkwrite: Reporting Repository	CR 59	In Progress	3/30/07	FFS 2